ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO.:		
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
PEOPLE OF THE STATE OF CALIFORNIA		
vs.		
DEFENDANT:		
Date of birth: Cal. Dept. of Corrections and Rehabilitation No. (if any):		
NOTICE OF APPEAL—FELONY (DEFENDANT) (Pen. Code, §§ 1237, 1237.5, 1538.5(m); Cal. Rules of Court, rule 8.304)	CASE NUMBER(S):	
NOTICE		
You must file this form in the SUPERIOR COURT WITHIN 60 DAYS after the cour	t rendered the judgment or made	
the order you are appealing.		
 IMPORTANT: If your appeal challenges the validity of a guilty plea, a no-contest plea, violation, you must also complete the Request for Certificate of Probable Cause on pa 		
1237.5.)	(1 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
1. Defendant appeals from a judgment rendered or an order made by the superior court.		
NAME of defendant:		
DATE of the order or judgment:		
2. Complete either item a. or item b. Do not complete both.		
a. If this appeal is after entry of a plea of guilty or no contest or an admission of a probation violation, check all that apply:		
(1) This appeal is based on the sentence or other matters occurring after the pl (Cal. Rules of Court, rule 8.304(b).)	-	
(2) This appeal is based on the denial of a motion to suppress evidence under	Penal Code section 1538.5.	
(3) This appeal challenges the validity of the plea or admission. (You must complete the Request for Certificate of Probable Cause on page 2 of this form and submit it to the court for its signature.)		
(4) Other basis for this appeal (you must complete the Request for Certificate of Probable Cause on page 2 of this form		
and submit it to the court for its signature) (specify):		
h For all other enneste check one.		
 b. For all other appeals, check one: (1) This appeal is after a jury or court trial. (Pen. Code, § 1237(a).) 		
(2) This appeal is after a contested violation of probation. (Pen. Code, § 1237(a).)	7(b).)	
(3) Other (specify):		
	<u></u>	
3. Defendant requests that the court appoint an attorney for this appeal. Defendant represented by an appointed attorney in the superior court.	was was not	
4. Defendant's mailing address is: same as in attorney box above.as follows:		
Date:		
•		
(TYPE OR PRINT NAME) (SIGNA	ATURE OF DEFENDANT OR ATTORNEY)	

		CIX-120
PEOPLE OF THE STATE OF CALIFORNIA vs.	CASE NUMBER(S):	
DEFENDANT:		
REQUEST FOR CERTIFICATION	TE OF PROBABLE CAUSE	
I request a certificate of probable cause. The reasonable constitutional, guilty plea, no-contest plea, or probation violation admission proceeding	jurisdictional, or other grounds going to the lega g are (specify):	lity of the
I declare under penalty of perjury under the laws of the State of Californ	nia that the foregoing is true and correct.	
Date:		
	•	
(TYPE OR PRINT NAME)	(SIGNATURE OF DEFENDANT OR ATTORNE	Y)
COURT C	RDER	
	ranted denied.	
Date:		
	JUDGE	